

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/937202** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* 1		* 2		* 3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/						53						
4	/						54						
5	/						55						
6	/						56						
7	/						57						
8	/						58						
9	/						59						
10	/						60						
11	/						61						
12	/						62						
13	/						63						
14	/						64						
15	/		/		/		65						
16			/		/	/	66						
17			/		/	/	67						
18			/		/	/	68						
19			/		/	/	69						
20			/		/	/	70						
21			/		/	/	71						
22			/		/	/	72						
23			/		/	/	73						
24			/		/	/	74						
25			/		/	/	75						
26			/		/	/	76						
27			/		/	/	77						
28			/		/	/	78						
29			/		/	/	79						
30					/	/	80						
31					/	/	81						
32						/	82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	X	!	1	!	21	!	TOTAL IND.	!			!		
TOTAL DEP.	X		13		15		TOTAL DEP.		!			!	
TOTAL CLAIMS	X		14		17		TOTAL CLAIMS			!			!

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADJUDICATIONS